

<i>SERFF Tracking Number:</i>	<i>ARKS-125988640</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>13757 - Farm Bureau Mutual Insurance Company of Arkansas, Inc.</i>	<i>State Tracking Number:</i>	<i>#570517 \$50</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>02.1 Crop</i>	<i>Sub-TOI:</i>	<i>02.1002 Crop-Hail Federally Reinsured Only</i>
<i>Product Name:</i>	<i>n/a</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: 13757 - Farm Bureau Mutual Insurance Company of Arkansas, Inc.

Product Name: n/a	SERFF Tr Num: ARKS-125988640	State: Arkansas
TOI: 02.1 Crop	SERFF Status: Closed	State Tr Num: #570517 \$50
Sub-TOI: 02.1002 Crop-Hail Federally Reinsured Only	Co Tr Num:	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author:	Disposition Date: 01/14/2009
	Date Submitted: 01/14/2009	Disposition Status: Approved
Effective Date Requested (New): 03/01/2009		Effective Date (New): 03/01/2009
Effective Date Requested (Renewal): 03/01/2009		Effective Date (Renewal): 03/01/2009

State Filing Description:

FORMS: 1

## General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 01/14/2009	
State Status Changed: 01/14/2009	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: ARKS-125988640 State: Arkansas  
Filing Company: 13757 - Farm Bureau Mutual Insurance State Tracking Number: #570517 \$50  
Company of Arkansas, Inc.  
Company Tracking Number:  
TOI: 02.1 Crop Sub-TOI: 02.1002 Crop-Hail Federally Reinsured Only  
Product Name: n/a  
Project Name/Number: /

NA NA, NA@NA.com  
NA (123) 555-4567 [Phone]  
NA, AR 00000

**Filing Company Information**

13757 - Farm Bureau Mutual Insurance CoCode: 13757 State of Domicile: Arkansas  
Company of Arkansas, Inc.  
No Address Group Code: Company Type:  
City, AR 99999 Group Name: State ID Number:  
(999) 999-9999 ext. [Phone] FEIN Number: 99-9999999  
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*State:*      *Arkansas*

*Filing Company:*      *13757 - Farm Bureau Mutual Insurance  
Company of Arkansas, Inc.*

*State Tracking Number:*      *#570517 \$50*

*Company Tracking Number:*

*TOI:*      *02.1 Crop*

*Sub-TOI:*      *02.1002 Crop-Hail Federally Reinsured Only*

*Product Name:*      *n/a*

*Project Name/Number:*      */*

## **Filing Fees**

Fee Required?      No

Retaliatory?      No

Fee Explanation:

Per Company:      No

SERFF Tracking Number:	ARKS-125988640	State:	Arkansas
Filing Company:	13757 - Farm Bureau Mutual Insurance Company of Arkansas, Inc.	State Tracking Number:	#570517 \$50
Company Tracking Number:			
TOI:	02.1 Crop	Sub-TOI:	02.1002 Crop-Hail Federally Reinsured Only
Product Name:	n/a		
Project Name/Number:	/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/14/2009	01/14/2009

*SERFF Tracking Number:*      *ARKS-125988640*

*State:*      *Arkansas*

*Filing Company:*      *13757 - Farm Bureau Mutual Insurance  
Company of Arkansas, Inc.*

*State Tracking Number:*      *#570517 \$50*

*Company Tracking Number:*

*TOI:*      *02.1 Crop*

*Sub-TOI:*      *02.1002 Crop-Hail Federally Reinsured Only*

*Product Name:*      *n/a*

*Project Name/Number:*      */*

## **Disposition**

Disposition Date: 01/14/2009

Effective Date (New): 03/01/2009

Effective Date (Renewal): 03/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>ARKS-125988640</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>13757 - Farm Bureau Mutual Insurance Company of Arkansas, Inc.</i>	<i>State Tracking Number:</i>	<i>#570517 \$50</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>02.1 Crop</i>	<i>Sub-TOI:</i>	<i>02.1002 Crop-Hail Federally Reinsured Only</i>
<i>Product Name:</i>	<i>n/a</i>		
<i>Project Name/Number:</i>	<i>/</i>		

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	ARKS-125988640		Yes

*SERFF Tracking Number:*      *ARKS-125988640*

*State:*      *Arkansas*

*Filing Company:*      *13757 - Farm Bureau Mutual Insurance  
Company of Arkansas, Inc.*

*State Tracking Number:*      *#570517 \$50*

*Company Tracking Number:*

*TOI:*      *02.1 Crop*

*Sub-TOI:*      *02.1002 Crop-Hail Federally Reinsured Only*

*Product Name:*      *n/a*

*Project Name/Number:*      */*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125988640

State: Arkansas

Filing Company: 13757 - Farm Bureau Mutual Insurance  
Company of Arkansas, Inc.

State Tracking Number: #570517 \$50

Company Tracking Number:

TOI: 02.1 Crop

Sub-TOI: 02.1002 Crop-Hail Federally Reinsured Only

Product Name: n/a

Project Name/Number: /

## Supporting Document Schedules

**Unsatisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

### Review Status:

Approved 01/14/2009

**Comments:**

**Satisfied -Name:** ARKS-125988640

### Review Status:

01/14/2009

**Comments:**

**Attachment:**

ARKS-125988640.pdf



ARKS-125988640

LR

## Property &amp; Casualty Transmittal Document

Reset Form

<b>1. Reserved for Insurance Dept. Use Only</b>  Approved until withdrawn or revoked  <b>JAN 14 2009</b>  Arkansas Insurance Department By: <i>LR</i>
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<b>2. Insurance Department Use Only</b> # 570517	
a. Date the filing is received: 50.00	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing: <b>RECEIVED</b>	
e. Effective date of filing: <b>JAN 14 2009</b>	
New Business Renewal Business	
f. State Filing #: <b>PROPERTY AND CASUALTY DIVISION</b>	
g. SERFF Filing #: <b>ARKANSAS INSURANCE DEPARTMENT</b>	
h. Subject Codes	

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
Farm Bureau Mutual Ins. Co. of Ark., Inc	Arkansas	13757	710232167		

5. Company Tracking Number	
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Gayle Holmes 11720 Kanis Road, Little Rock, AR 72211	Underwriting Manager	501-228-1201	501-228-1919	gayle.holmes@afbic.com
7. Signature of authorized filer	<i>Gayle Holmes</i>			
8. Please print name of authorized filer	Gayle Holmes			

## Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	02.1 Crop
10. Sub-Type of Insurance (Sub-TOI)	02.1002 Crop-Hail Federally Reinsured Only
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input checked="" type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 03-01-2009   Renewal: 03-01-2009
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	1-12-2009
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

We would like to make an optional coverage available as an endorsement to our Crop Hail policy (NCIS 2007). The attached form represents the endorsement language. Coverage would apply only to cotton and only extend limited fire coverage. The rate charge proposed is a flat \$.10 per \$100 of coverage. We would like to begin offering March 1, 2009.

[View Complete Filing Description](#)

22. Filing Fees (Filer must provide check # and fee amount if applicable)  
[If a state requires you to show how you calculated your filing fees, place that calculation below]

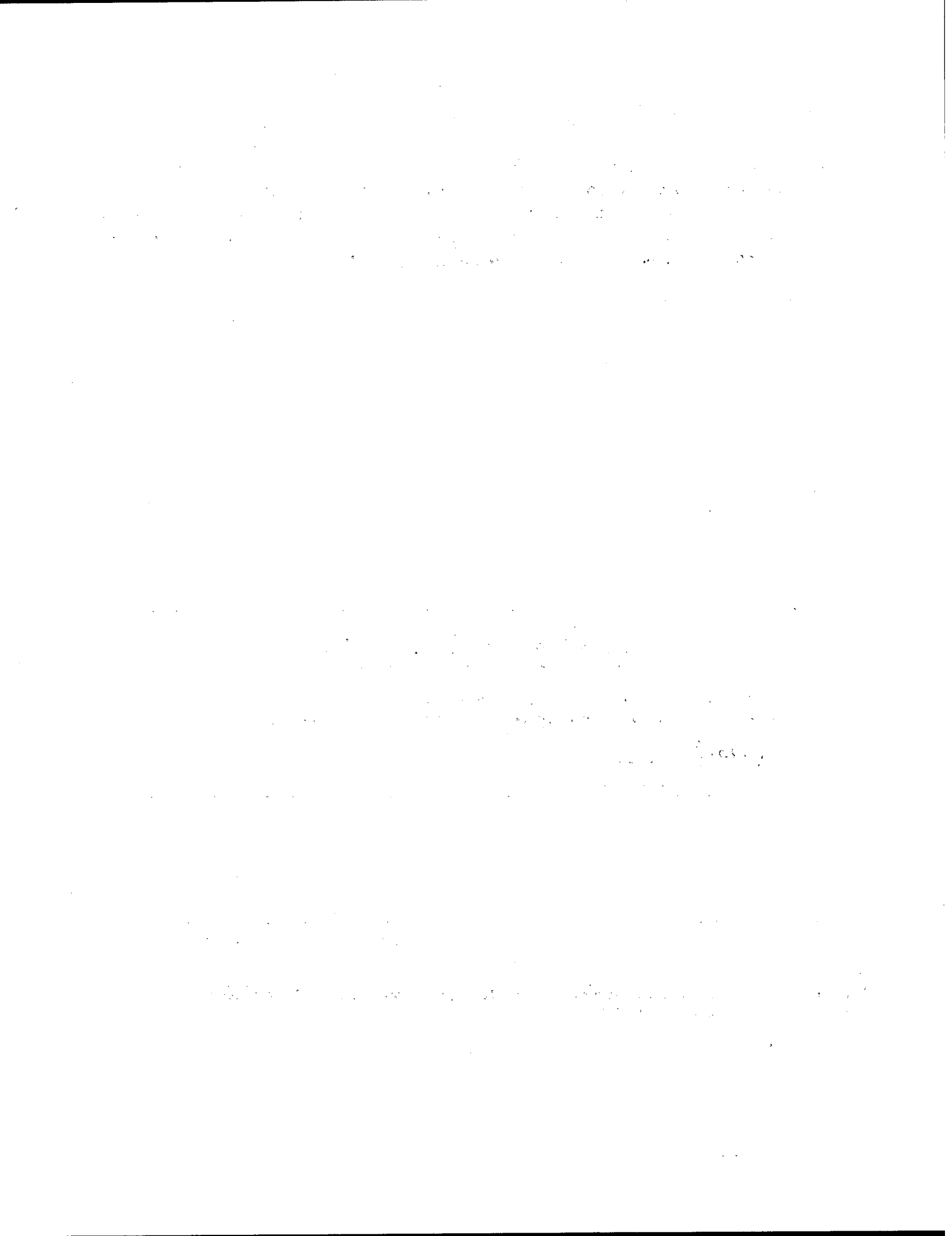
Check #: 570517

Amount: \$50

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

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**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1. This filing transmittal is part of Company Tracking #</b>					
<b>2. This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)					
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Cotton - Extension of Fire Coverage Endorsement	FL8049 (03/09)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

# FARM BUREAU MUTUAL INSURANCE OF ARKANSAS, INC

## **Cotton – Extension of Fire Coverage Endorsement**

In consideration of the additional premium at which this endorsement is written, your coverage is extended to cover loss by fire to any insured acre of seed cotton while in the field or loaded on a vehicle in transit from the field to the cotton gin. The fire insurance applying hereunder will in no event extend beyond 12:01 am December 31 of the current season or after the cotton has been delivered to the gin premises, whichever is earlier.

